

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 207209043

Report Date: 07/28/2021

Date Signed: 07/28/2021 04:04:04 PM

Document Has Been Signed on 07/28/2021 04:04 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: CEDAR CREEK SENIOR LIVING		FACILITY NUMBER: 207209043	
ADMINISTRATOR: VALE, MARTIN T.		FACILITY TYPE: 740	
ADDRESS: 500 N. WESTBERRY BLVD.		TELEPHONE: (559) 673-2345	
CITY: MADERA	STATE: CA	ZIP CODE: 93637	
CAPACITY: 162	CENSUS: 98	DATE: 07/28/2021	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN: 10:24 AM	
MET WITH: Shawnee Jackson, Executive Director		TIME COMPLETED: 01:00 PM	
NARRATIVE			
1	Licensing Program Analyst (LPA) L. Salazar arrived at the facility unannounced to conduct the Infection		
2	Control Inspection. LPA met with Executive Director, Shawnee Jackson completed the Covid Contact		
3	questionnaire. LPA entered through the central entry point where hand sanitizer and visitor policy was		
4	posted. LPA observed the Staff and Visitor sign in and Covid Symptom Screening area.		
5			
6	Facility Mitigation plan has been submitted to CCL. Infection control procedures described in the plan		
7	which were observed and reviewed by LPA include: Daily symptoms screenings (for staff, persons in		
8	care and visitors), testing, visitation, quarantine/isolation procedures, emergency staffing plan, PPE		
9	storage, use and training, as well as daily infection control procedures. The Executive Director and		
10	Maintenance Director is identified as the Infection Control Lead for the facility.		
11			
12	LPA toured the facility inside and out. Postings to encourage face coverings and hand washing were		
13	observed. Furniture in common and dining areas are spaced to promote distancing. Staff were all		
14	observed wearing face coverings. Facility has multiple designated visitation areas available. LPA		
15	observed 30-day medication supply and PPE accessible to staff. Common and resident bathroom sinks		
16	are stocked with liquid soap and paper towels for hand washing.		
17			
18	Through LPA's observations, documentation review and interview with Executive Director, , the required		
19	infection control practices are found to be in compliance. No deficiencies cited on today's inspection.		
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann			
NAME OF LICENSING PROGRAM ANALYST: Lisa Salazar			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/28/2021

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/28/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.